Peer Supervision Professional

2023 Role Delineation Study Report

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Table of Contents

Introduction

A role delineation study (RDS), also referred to as a job analysis study, is the foundation of any content valid and legally defensible certification program. An RDS is a research-based analysis of individual opinions from a statistically significant group of professionals working in a role. It describes and defines a job role, including differentiating it from other roles that may have similar or overlapping responsibilities. Most importantly, an RDS provides evidence needed to support the claim that an individual holding a role certification has the knowledge, skills, and abilities (KSAs) necessary to practice competently, safely, and effectively in that role, which are critical for public protection. The work product resulting from an RDS looks like a detailed job description, outlining the knowledge and performance expectations of individuals practicing in the role.

In 2022, the Alcoholism and Substance Abuse Providers-New York Certification Board (ASAP-NYCB) announced a new Peer Supervision Professional (PSP) certification program for individuals who supervise providers of peer-recovery services in New York state. The first step was to complete an RDS to define a set of core competencies, tasks, and KSAs required for safe, effective, and competent practice as a peer supervision professional. To develop this body of knowledge (BOK), the ASAP-NYCB recruited a Panel of subject matter experts (SMEs) to provide insight into the role and guide decision-making during the process. During recruitment, the ASAP-NYCB contacted stakeholders specializing in peer supervision and asked for volunteers to serve on the Panel. The volunteers were then purposefully selected by the ABPS to represent the diversity of practice in terms of years of experience, practice setting, and cultural background. Having an advisory SME Panel that represents key professional characteristics is critical for the validity of the RDS process.

The PSP RDS required six virtual meetings (Panel Meetings 1-6). Appendix A lists the fifteen SMEs who served on the Panel, along with their location of practice, years of experience, and practice setting. The RDS was conducted under the guidance of a psychometric consultant and the ASAP-NYCB Certifications Development Team, and in accordance with certification testing industry standards established by the National Commission for Certifying Agencies (NCCA), an independent accrediting body for professional certification programs. The 2016 NCCA Standards state that "The certification program must have a job analysis that defines and analyzes domains and tasks related to the purpose of the credential," and further that "a job analysis must lead to clearly delineated domains and tasks that characterize proficient performance" and "must be conducted in accordance with sound psychometric practice."[1] This report describes in detail the methods, results, and outcomes of the PSP RDS, demonstrating study validity and adherence to best practices. Appendix B contains the final BOK task listing developed during the RDS, which will serve as the content outline (i.e., blueprint) for the written examination component of the PSP certification program.

Preliminary Research

Prior to involvement of the SME Panel, the ASAP-NYCB Certifications Development Team conducted preliminary research to better understand the role and responsibilities of peer supervision professionals, resulting in an initial listing of competencies, tasks, and KSAs for the role. This list was compiled from information gathered during a review of (a) competency-based documents from other organizations and (b) job descriptions from relevant job titles. The initial listing provided a framework for the RDS BOK and defined four competency domains for the PSP professional: Recovery Orientation, Supporting

[1] National Commission for Certifying Agencies (2016). *Standards for the Accreditation of Certification Programs.* Washington, D.C.: Institute for Credentialing Excellence.

Professional Development, Assuring Quality Supervision, and Managing Administrative Duties. The listing was discussed with the psychometric consultant and refined in preparation for SME review.

Panel Meeting 1

The first meeting of the SME Panel was held virtually on December 1, 2022. All SMEs attended. The focus of Panel Meeting 1 was to provide an orientation to the Peer Supervision certification program and the RDS process. After project leadership and SME introductions, the Certifications Development Team described the rationale for the certification and the benefits it will provide to employers, third party payers, persons and families served in the SUD system, and the general public. The project deliverables were outlined: (1) Completion of an RDS; (2) PSP certification standards; (3) A competency-based examination; and (4) Training standards and a template for accrediting peer supervision-specific training.

The psychometric consultant then described the RDS process, explaining the purpose, goals, and relationship to public protection. Emphasis was placed on the importance of conducting an RDS for the development of a content-valid and legally defensible certification examination, and to guide ASAP-NYCB in setting certification standards. The NCCA *Standards for the Accreditation of Certification Programs* were referenced when explaining the design and conduct of the RDS (Standard 13: Panel Composition and Standard 14: Job Analysis). The consultant provided an overview of each project milestone and explained that the first step ("Preliminary Research & Interviews") had already been completed by the Certifications Development Team to serve as a starting point for the "Individual Work" to take place after the meeting. She continued to describe the remaining milestones and the role of the SME Panel during each step. See Figure 1.

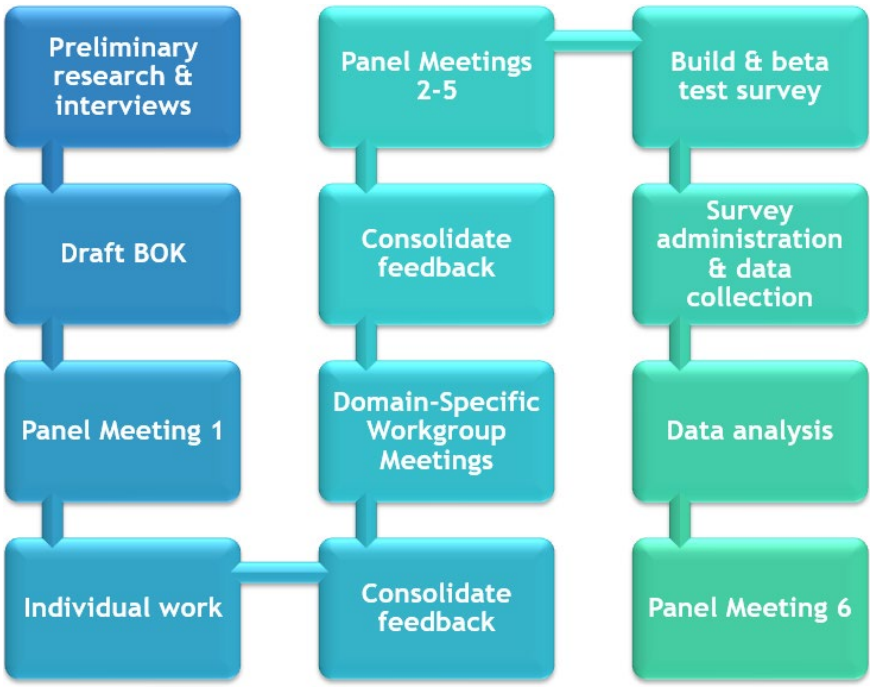

Figure 1. Milestones in the PSP RDS process.

One point of emphasis was that while the individual opinions of the SME Panel were instrumental in creating the BOK for the PSP professional, a survey of those individuals practicing in the role must be conducted. Further obtaining the individual opinions of a statistically significant group of PSP professionals was needed to provide validity evidence and legal defensibility for the certification program. This also ensures that the PSP RDS is conducted in adherence with the NCCA *Standards* and psychometric best practices. To this end, the BOK drafted by the SME Panel would be converted into an online survey which would be administered to the PSP community to gather hundreds of stakeholder opinions on the importance and relevance of the KSAs to competent, safe, and effective practice.

The Certifications Development Team also introduced the concept of *minimal competence* as the measure of eligibility for PSP certification. Although it sounds like an unfavorable term, minimal competence does not refer to a low level of competence, but instead a high level of professionalism, knowledge, and skills that distinguishes a competent practitioner from one who is not. Conversations about minimal competence and eligibility requirements are critical to ensure that Panel members share a common definition of the target candidate before creating the BOK. The SMEs were asked to keep in mind that while it's natural to want to set the bar high and expect superior performance, they are designing a certification program for entry level PSPs. The group then discussed potential educational and experiential eligibility requirements.

The SMEs then identified which of the four Domain-Specific Workgroups they would like to join (Recovery Orientation, Supporting Professional Development, Assuring Quality Supervision, and Managing Administrative Duties). The meeting concluded with a summary of next steps and associated timeframes.

Individual Work and Domain-Specific Workgroup Meetings

Following Panel Meeting 1, the ASAP-NYCB Certifications Development Team provided the SMEs with instructions on how to write and evaluate task and KSA statements. The SMEs were asked to review statements using active verbs, describing tasks that a PSP performs in the role and how KSAs are applied in practice. The SMEs were asked to individually complete a *PSP Competency Worksheet* with all tasks and KSAs required to demonstrate competence in a domain. See Appendix C for the instructions provided to all SMEs, and the *PSP Competency Worksheet* used by the Assuring Quality Supervision Domain Workgroup.

The SMEs were given ten days to return their completed worksheets to the Certifications Development Team, who compiled the individual lists into a single task listing for each domain. During December and January, the Certifications Development Team facilitated 2-3 virtual meetings with each Workgroup to review and finalize each list ("Domain-Specific Workgroup Meetings" from Figure 1). After each domain's list was finalized, the Certifications Development Team consolidated the work products into a comprehensive and exhaustive list comprised of 4 domains, 25 competencies, and 122 task statements:

- Recovery Orientation – 6 competencies, 33 tasks
- Supporting Professional Development – 6 competencies, 22 tasks
- Assuring Quality Supervision – 9 competencies, 47 tasks
- Managing Administrative Duties – 4 competencies, 20 tasks

Panel Meetings 2-5

During Panel Meetings 2-5, held in February and early March, the SMEs who were available convened via 90-minute virtual meetings to review and approve each task statement and the organization and structure of the BOK. To begin Panel Meeting 2, the Certifications Development Team provided a summary of the progress on the RDS, calling to attention the contributions of the four Domain-Specific Workgroups. The psychometric consultant then explained the goal of the meeting and asked the SMEs to pay particular attention to the following when reviewing the BOK:

- Are any tasks missing?
- Are any tasks duplicative?
- Should any tasks be removed? (e.g., not unique to the role, not widespread practice)
- Do any tasks need clarifying or rewording?

The SMEs spent the remainder of Panel Meeting 2 and all of Panel Meetings 3-5 reviewing and approving the task listing as one group (usually 4-5 SMEs were in attendance). In general, one domain's task listing was covered per meeting. The BOK was approved with 4 domains, 20 competencies, and 94 task statements:

- Recovery Orientation – 6 competencies, 31 tasks
- Supporting Professional Development – 5 competencies, 18 tasks
- Assuring Quality Supervision – 5 competencies, 25 tasks
- Managing Administrative Duties – 4 competencies, 20 tasks

Survey Development

After Panel Meeting 5, the psychometric consultant created a pre-recorded video about next steps and SMEs responsibilities that the Panel members could watch at their convenience to learn about the survey beta test process.

The consultant converted the BOK into an online survey[2] comprising three sections, described below.

Demographic Questions

The Certifications Development Team and the psychometric consultant drafted the demographic questions. The longer a survey is, the more likely it is to be abandoned by respondents, resulting in incomplete data. For this reason, only those demographic questions that would provide useful information about the practice profile of a PSP were included. See below for a list of the demographic questions asked at the beginning of the survey. Open-ended questions are indicated in the list; the response options to the multiple-choice questions can be found in Appendix D. The questions preceded by a triangle were only presented based on the response to the previous question.

- *Do you practice in New York state?*
  - ► *In which region of New York state do you primarily practice?*
  - ► *If you do not practice in New York state, in which state do you practice?*
- *Which of the following locations best describes your primary work setting?*
- *Which of the following best describes your primary work setting?*
- *How many years of experience do you have **providing peer recovery services**?*
- *How many years of experience do you have **supervising peers**?*

[2] Survey platform: Qualtrics Experience Management (XM)

    - ► *Do you have any supervision experience in the workplace?*
- *Which of the following best describes your current or most recent job role?*
- *What is your highest level of education?*
- *Which of the following certifications and licenses do you hold?*

In the introduction page the respondents were assured that their responses would be completely confidential and only reported in the aggregate.

Task Ratings

Selecting an appropriate rating scale and formulating the best rating prompt are critical for the success of a survey. The rating prompt must be focused and written clearly so there is no room for interpretation and all respondents understand it to mean the same thing. The rating scale must be in a logical order with distinct categories that make it easy for respondents to select a rating.

The purpose of the PSP validation survey was to determine whether each task is performed in practice, and if so, how important that task is to competent practice. Asking respondents about performance frequency and importance separately would double the number of required ratings, which would certainly have a negative impact on the response rate. Therefore, a single rating prompt was used, providing a mechanism for efficiently measuring task performance frequency and importance with one rating:

> *How important are these tasks for the safe and effective practice of a peer supervision professional?*

Respondents were asked to consider each task and answer the prompt using the 6-point scale below. If the respondent thought that the task was never performed in the role, they were instructed to select the "Never Performed/NA" option. Otherwise, they should select one of the five importance ratings.

> *Never Performed/NA*
> *Not Important*
> *Somewhat Important*
> *Important*
> *Very Important*
> *Critical*

Post-survey Questions

After completing the ratings section, respondents were asked about the following topics.

- **Survey adequacy**
  How well did the survey cover the important tasks and knowledge, skills, and abilities required for the ethical, effective, and safe practice of peer supervision professionals? This question had a five-point Likert rating scale ranging from *Needs Improvement* to *Completely*.
- **Missing tasks**
  Respondents were provided with a comment box to suggest tasks they felt were overlooked in the survey.
- **Domain ranking**

Respondents were asked to assign a percent "weight" to each of the four domains to reflect how important it is to ethical, effective, and safe practice. The most important domain should receive the largest weight, and the least important domain should receive the smallest weight. Respondents were asked to keep in mind that their ranking would be used to develop a certification examination, and that more emphasis will be placed on competencies with larger weights. Percentages were forced to equal 100 and the sum was calculated on-the-fly to assist respondents with achieving 100%. To facilitate the ranking exercise, the domains and competencies were provided for reference.

The final survey page was optional and entered respondents into a drawing to win either a $100 VISA gift card or one free registration to the 2023 ASAP Annual Conference. Two winners were selected from the drawing, but all ASAP-NYCB certified peer recovery professionals received one hour of continuing education credit. The respondents were assured that their contact information would only be used to contact them if they won a prize, or to award their continuing education credit. Only the survey administrator (i.e., the psychometric consultant) would be able to connect their contact information with their survey responses.

Survey Administration & Data Collection

The survey was first reviewed by the Certifications Development Team, and then made available to the Panel members and the ASAP-NYCB Board members for beta testing at the end of March. Beta testing involves completing the survey on a “trial basis” to ensure it functions properly (e.g., the links work and there are no navigation errors) and that it reflects the final task listing approved by the Panel. The beta testers were asked to email feedback to the Certifications Development Team, who then directed the psychometric consultant on survey updates. For their final responsibility of this phase of the project, all Panel members were encouraged to help disseminate the survey and promote participation.

The first invitations to complete the survey were emailed to ~8,000 potential respondents on April 26th. A reminder to complete the survey was emailed on May 24th as a final push before the survey closed on May 26th. There were 405 total responses to the survey. After removing the respondents who did not rate at least 30% of the tasks, there were 315 responses remaining for the analyses. Of those respondents, 206 provided a full set of task ratings.

Data Analyses & Results

The psychometric consultant analyzed the following respondent data.

Demographic Questions

Frequency distributions were tabulated for the demographic questions. See Appendix D for a summary of the demographic results. The plurality of respondents practiced in the New York City metropolitan area (35.8%), with the second largest subgroup being respondents from western New York (14%). The plurality of respondents worked primarily in recovery community organizations (26.7%), followed by treatment agencies (22.2%), and community mental health programs (17.8%). There was a wide range of years of experience providing peer recovery services and supervising peers, from less than a year to greater than 20 years. Two-thirds of respondents reported having experience supervising peers, with approximately 41% indicating they are supervising as part of their current or most recent job role.

KSA Ratings

The ratings were analyzed to determine for each task the (1) frequency of non-performance, (2) average importance rating, and (3) criticality index.

(1) The frequency of non-performance was calculated as the percentage of respondents who selected the *Never Performed/NA* rating to a question (including in the denominator only those respondents who provided a rating).

(2) Each of the other response options was assigned a numeric value to calculate the average importance rating:

1 = *Not Important*
2 = *Somewhat Important*
3 = *Important*
4 = *Very Important*
5 = *Critical*

If all respondents rated a task as *Not Important*, its average importance rating would be 1. In contrast, if all respondents rated a task as *Critical*, its average importance rating would be 5. Ordinal scales like this one are useful because the response options have a logical order. Just as 3 is greater than a 2, a rating of *Important* is greater/better than a rating of *Somewhat Important*. The higher the average rating, the more important the respondents thought the task was.

(3) The criticality index of each task was calculated as the product of its average importance rating and the proportion of respondents that provided an importance rating. For example, if a task was performed by 100% of respondents and it had an average importance rating of 5 (*Critical*), its criticality rating would be 5 (i.e., 100% x 5 = 5). However, if a task was performed by 50% of respondents and its average importance rating was 5, its criticality rating would be 2.5. Even though they have the same average importance rating, the large difference in their criticality indices clearly demonstrates that they are not equivalent in terms of practice.

Appendix E lists the tasks in survey order along with the total number of responses, performance frequency data, average importance and criticality ratings, and "top box"[3] percentages. The five lowest ratings according to each metric are highlighted in yellow. Each task has an alphanumeric code created by combining the Domain, Competency, and Task number. For example, D1C1_1 refers to:

- Domain 1: Recovery Orientation,
- Competency 1: Understands peer recovery and ethical practice in that professional role, and
- Task 1: Demonstrates an understanding of, and differentiates between, the peer recovery and clinical roles.

The Domains and Competencies are listed at the end of Appendix E.

[3] The top box percentage reflects the percentage of respondents selecting the two highest importance ratings (*Very Important* and *Critical*) out of the number who rated the task. This is another way of looking at the importance ratings and can be interpreted in the same way (r=0.96).

Tables 1-3 show the lowest-rated tasks according to performance frequency, importance, and criticality. In total, eight tasks were flagged by these metrics; some tasks were flagged for low ratings in multiple metrics.

The task ratings data clearly indicated agreement by survey respondents on the importance and relevance of every task. The least performed task was still performed by 93.3% of respondents and the lowest average importance rating was 3.86 (4 = *Very Important*).

Table 1: Least Performed Tasks

Task	Performed %	Average Importance Rating (1-5)	Criticality Rating (0-5)	Top Box %
Consults with peers, where permissible, in the development of role-appropriate interview questions for prospective peer hires.	93.3%	3.90	3.64	66.8%
Encourages development of, and adherence to, policies regarding individuals who enroll in, and benefit from, Medication Supported Recovery, including legal safeguards for confidentiality.	94.1%	4.24	3.99	81.0%
Supports the creation and implementation of policies regarding accommodations for those with special needs.	94.4%	4.13	3.89	77.3%
Recommends consulting with existing peers in the formulation of job descriptions for potential new peer hires.	94.4%	3.96	3.74	71.8%
Makes informed recommendations on new hires based on the candidate's resume, characteristics, and traits with input from current employees, where possible.	95.1%	3.86	3.67	67.7%

Table 2: Least Important Tasks

Task	Performed %	Average Importance Rating (1-5)	Criticality Rating (0-5)	Top Box %
Makes informed recommendations on new hires based on the candidate's resume, characteristics, and traits with input from current employees, where possible.	95.1%	3.86	3.67	67.7%
Encourages existing peers to share their professional experience, when appropriate and permissible, with new hires.	96.2%	3.88	3.74	67.6%

Establishes bi-lateral relationships with peers.	96.8%	3.90	3.77	72.9%
Consults with peers, where permissible, in the development of role-appropriate interview questions for prospective peer hires.	93.3%	3.90	3.64	66.8%
Advises where to find information on the labor practices of the agency and refers employees there.	96.6%	3.91	3.77	67.7%

Table 3: Least Critical Tasks

Task	Performed %	Average Importance Rating (1-5)	Criticality Rating (0-5)	Top Box %
Consults with peers, where permissible, in the development of role-appropriate interview questions for prospective peer hires.	93.3%	3.90	3.64	66.8%
Makes informed recommendations on new hires based on the candidate's resume, characteristics, and traits with input from current employees, where possible.	95.1%	3.86	3.67	67.7%
Encourages existing peers to share their professional experience, when appropriate and permissible, with new hires.	96.2%	3.88	3.74	67.6%
Recommends consulting with existing peers in the formulation of job descriptions for potential new peer hires.	94.4%	3.96	3.74	71.8%
Establishes bi-lateral relationships with peers.	96.8%	3.90	3.77	72.9%

Subgroup Analyses

The following subgroup analyses were run to ensure there weren't differences in how the tasks were rated by respondents from different demographic groups, which could lead to a subgroup having undue influence on the results of the survey. All differences were small and close to the same scale anchor, and therefore not important.

See Appendix D for the response options to the demographic questions.

Practice region of NY

Respondents were divided into two groups according to whether they practiced in Upstate or Downstate New York. Downstate New York included New York City and Long Island (n=130, 45.6%), and Upstate New York included all other regions (n=155, 54.4%).

The largest mean difference was for the task: "Demonstrates awareness of the peer role competencies and promotes the core skills needed to fulfill the role such as active listening, motivational interviewing and self-management," which was rated as a 4.52 for respondents from Upstate New York and 4.23 for respondents from Downstate New York (mean difference = 0.29), both of which are between *Very Important* and *Critical* so do not reflect an important difference.

Work setting

Respondents were divided into three groups according to their primary work setting. This is fewer than the number of response options to the question, but these three groups cover approximately two-thirds of the sample and were large enough to include in the analyses: Recovery community organization (n=84, 26.7%), Treatment agency (n=70, 22.2%), and Community mental health program (n=56, 17.8%).

The largest mean difference was for the task: "Stays updated about emerging peer roles, recovery initiatives, peer certifications including standards and trainings, continuing education and professional development," which was rated as a 4.65 for respondents working in a treatment agency and 4.27 for respondents working in a community mental health program (mean difference = 0.38). Again, both average ratings are between *Very Important* and *Critical,* so do not reflect an important difference.

Supervisory experience

Respondents were divided into two groups depending on whether they had experience supervising peers: Yes (n=210, 66.7%) and No (n=105, 33.3%).

For all but three tasks, the group with peer supervision experience had higher mean ratings than the group without peer supervision experience; the remaining three tasks had equal mean importance ratings. The largest mean difference was for the task: "Advises where to find information on the labor practices of the agency and refers employees there," which had an average rating of 3.99 for respondents who had peer supervision experience and 3.71 for those who did not (mean difference = 0.29). Both average ratings are closest to *Very Important,* so do not reflect an important difference.

Analysis of Post-survey Questions

Almost 95% of respondents indicated that the survey either *Very* well or *Extremely* well covered the important tasks and KSAs required for ethical, effective, and safe practice as of peer supervision professionals. This supports a high degree of confidence that the depth and breadth of the survey content was reflective of the diversity of practice. See Table 4.

Table 4: Survey Adequacy Ratings

Adequacy	N	%
Not at all	0	0.0%
Slightly	1	0.4%
Moderately	14	5.2%
Very	119	44.2%
Extremely	135	50.2%
Total	**269**	**100%**

Missing Tasks and KSAs

Respondent suggestions for overlooked tasks and KSAs were forwarded to the Certifications Development Team for thematic analysis. Below are new task statements that were written to cover the themes.

- Supports a work/life balance by encouraging peer professionals to use earned time off.
- Advocates for equitable compensation and the peer professional's ability to earn a livable wage.
- Recognizes the value of interpersonal management skills and strives to promote a sense of appreciation, confidence and support among peer professionals.
- Exhibits awareness of the indicators of compassion fatigue, vicarious trauma and employee burnout.
- Discusses the organization's Human Resources policy on employee relapse and applies, where appropriate, any related return-to-work guidelines.

Domain Weightings

Domain weights were calculated three ways. See Table 5.

The first calculation was based on the number of tasks in each domain (Task Weight). Rationale: The more tasks that are covered in a domain, the more emphasis (i.e., test questions) it should receive on the examination. These weightings would focus a third of the test questions on the Recovery Orientation domain because it contains a third of the task statements.

The second calculation was based on the average criticality of the tasks within the domain (Criticality Weight). As can be seen in Table 5, basing the weights on relative criticality of the tasks would result in similar weights to the Task Weight.

The third calculation was based on the average domain weights assigned by the respondents (Respondent Weight). Rationale: This recognizes the expertise of the respondents in advising on the relative importance to practice of the tasks within each domain. The average respondent-assigned percentages for the four domains ranged between 18% and 30%.

Table 5: Domain Weights

Domain	# Tasks	Task Weight	Criticality Weight	Respondent Weight
Recovery Orientation	31	33%	31.4%	27.3%
Supporting Professional Development	18	19.1%	21%	24.9%
Assuring Quality Supervision	25	26.6%	27.7%	29.7%
Managing Administrative Duties	20	21.3%	19.9%	18.1%
Total	**94**	**100%**	**100%**	**100%**

Panel Meeting 6

The final RDS meeting of the SME Panel was held virtually on June 26th. The Certifications Development Team kicked-off the meeting with a summary of PSP project accomplishments and the meeting goals, with the primary goal being to finalize the BOK.

Discussion of Survey Results

The psychometric consultant presented the results of the validation survey, first covering the demographic characteristics of the respondents (Appendix D). The lowest-rated tasks in terms of frequency of practice, importance, and criticality were reviewed, to determine whether any of the ratings were too low to justify inclusion in the final task listing. Based on the review of the results, the SMEs did not deem any tasks or KSAs as having low enough ratings to exclude them from the BOK.

One task, which was among the lowest-ranked tasks for performance frequency and criticality, "Recommends consulting with existing peers in the formulation of job descriptions for potential new peer hires," was determined to have significant overlap with another task, "Consults with peers, where permissible, in the development of role-appropriate interview questions for prospective peer hires." These two task statements were combined into a single new task: "Consults with peers, where permissible, in the formulation of job descriptions and development of role-appropriate interview questions for prospective peer hires."

Finalizing the Task Listing

The Certifications Development Team then led the group in a discussion of the themes identified from review of the respondent suggestions for overlooked tasks and KSAs. It was agreed that a new task statement should be added to the Managing Administrative Duties domain: "Advocates for equitable compensation and the peer professional's ability to earn a livable wage."

Domain Weighting Exercise

The psychometric consultant then reviewed the various domain weight calculations derived from the survey data. Considering all the data, the SMEs individually voted on domain weights and approved a final weighting scheme between the Criticality Weight and Respondent Weight, which reflects the importance of the tasks in each domain rather than the number of tasks: Recovery Orientation (30%), Supporting Professional Development (22%), Assuring Quality Supervision (30%), and Managing Administrative Duties (18%).

RDS Results Approval

During a follow-up meeting on July 6th led by the Certifications Development Team, the Panel members discussed what minimum eligibility requirements should be considered for PSP certification. Input was sought on three criteria: minimum education; how much 'role experience' should be required; and how much role-specific training should be required. After lengthy discussion and consideration of different perspectives, the SME Panel agreed on the following recommendations for certification standards:

- Minimum Education: High School diploma, GED/HSE or equivalent (or higher matriculated degree).
- Required Role Experience: 1 year of providing supervision, 6 months of which must involve supervising peers or being part of a team that includes peers.
- Role-Specific Training: While the Panel did not reach consensus on this, it was agreed that the range of role-specific training should be a minimum of 30 clock hours and as much as 60 clock hours. The Panel felt that supervisors without experience in peer recovery services might need additional foundational training but also contended that they did not want to see a training requirement set so high that it might discourage supervisors from pursuing certification.

The Certifications Development Team also explained that they would be recruiting 3-4 members of the SME Panel to help develop a proposed Peer Supervision Code of Ethics. This would involve participating in 2-3 virtual meetings in late July/early August with the goal of identifying recommended ethical standards that should guide PSPs in their role. The recommended ethical standards would then be presented to the NYCB Board for approval and formal adoption. SME Panel members who were interested in participating in this workgroup were encouraged to contact the Certifications Development Team.

The meeting concluded with the Certifications Development Team providing a brief overview of the remaining steps involved in developing the PSP certification examination. Volunteers would be recruited to serve as 'item reviewers' to assess the quality and appropriateness of multiple-choice questions written by the Certifications Development Team for placement on the examination. The asynchronous item review process (i.e., independent work completed without meetings) would begin in August and continue into September. SME Panel members who were interested in participating in item review were encouraged to contact the Certifications Development Team.

A report of the RDS process and the final task listing and proposed certification standards were presented to the ASAP-NYCB Board on September 12, 2023. Via electronic vote the Board adopted the BOK and the recommended minimum education and required role experience certification standards described above. They also endorsed 30-60 hours of role training.

In conclusion, the PSP RDS study was designed and conducted in accordance with NCCA *Standards* and best psychometric practices, which provides strong evidence-based support for the validity and legal defensibility of the PSP certification program.

Appendix A. Subject Matter Experts

Name	Domain Workgroup*	Region	Work Setting	Years of Experience Supervising Peers
Jessica Cole	3	Franklin	Treatment	3-5
Jim Conklin	4	Orange	RCO	11+
Jessica Feliciano	4	Bronx	RCO	11+
Bill Gonzalez	2	Bronx	Treatment	3-5
Toby Haskins	1	Manhattan	Non-profit	5-10
Kara Izzo	1	Monroe	RCO	3-5
Denis King	4	Bronx	RCO	3-5
Theresa Knorr	2	Clinton	Treatment	11+
Kyle LaFever	4	Albany	Non-profit	0
Keithie Lawrence	1	Otsego	RCO	5-10
Dona Pagan	2	New York	RCO	5-10
Tawana Rowser-Brown	3	Queens	Training	11+
Melissa Snyder	3	New York	Non-profit	5-10
Krista Warner	1	Herkimer	RCO	3-5
Jonathan Westfall	3	Orange	RCO	5-10

*1 = Recovery Orientation; 2 = Supporting Professional Development; 3 = Assuring Quality Supervision; 4 = Managing Administrative Duties

Psychometric Consultant: Rachael J.B. Tan, PhD

ASAP-NYCB Certifications Development Team: Doug Rosenberry and Ruth Riddick

Appendix B. Final Task List

Domain 1: Recovery Orientation (30%)

Competence 1: Understands peer recovery and ethical practice in that professional role.

1. Demonstrates an understanding of, and differentiates between, the peer recovery and clinical roles.
2. Advocates on behalf of peers and the peer role among policymakers, team members and other stakeholders.
3. Integrates peers and the peer recovery role into all aspects of service provision.
4. Stays updated about emerging peer roles, recovery initiatives, peer certifications including standards and trainings, continuing education and professional development.
5. Oversees and supports peers in implementing their non-clinical, person-centered, individualized, strengths-based practice.
6. Exhibits a working knowledge of the Code of Ethical Conduct governing peer recovery professionals and supports peers in adhering to it.
7. Recognizes that peers provide many different types of support – emotional, informational, instrumental and affiliational.

Competence 2: Supports concepts of self-efficacy, self-determination and empowerment.

1. Supports the distinctive relationship between the peer recovery professional and the individual.
2. Provides strengths-based feedback and opportunity for skills-building through consistent and regularly provided supervision.
3. Provides workplace support for peers' own recovery, as relevant.
4. Identifies and encourages the peer's professional strengths.
5. Establishes bi-lateral relationships with peers.

Competence 3: Models Principles of Recovery within supervision and the wider workplace community.

1. Facilitates the development of skills to help peers better assist the individuals for whom they provide recovery services.
2. Supports and promotes self-care and wellness among all colleagues.
3. Models and implements appropriate boundaries and boundary-setting.
4. Supports multiple pathways of recovery.
5. Models peer communications skills such as leading purposeful conversations, practicing reflective listening, asking good questions, and skillfully managing personal triggers.
6. Stays updated on research showing the effectiveness of peer support services to an individual's recovery process.

Competence 4: Understands that recovery support services are non-linear and offered as appropriate at any time throughout the stages of recovery.

1. Demonstrates and applies knowledge of both the stages of change and the stages of recovery models.
2. Acknowledges that supervisors, as well as peers, serve as role models, mentors, coaches, and advocates.
3. Recognizes that peers may support individuals reentering the community from a variety of settings (e.g., hospitals, residential care, criminal justice-involvement).

Competence 5: Supports peers as resource brokers.

1. Works with peers to identify and promote engagement of the individual's recovery support system.
2. Advises peers of the broad range of resources available to families, family members and concerned others, and the need to expand community resource mapping.
3. Collaborates with the peer to identify additional services and providers.
4. Helps peers recognize when an individual may need additional support.
5. Responds, as needed, to peer reporting of individuals who are facing extra challenges.

Competence 6: Provides trauma informed supervision and promotes trauma-informed practice.

1. Promotes trauma awareness among peers and peer-delivered services and programming.
2. Identifies models of trauma-informed support practices for multiple/varied populations.
3. Assists peers in developing skills to express empathic understanding.
4. Helps peers to respond appropriately to past trauma when it arises and refocus on the individual's present situation.
5. Supports peers in developing situational awareness and de-escalation skills.

Domain 2: Supporting Professional Development (22%)

Competence 1: Provides role-specific education and training opportunities, including coaching/mentoring peers regarding competencies, skills development, and ethical practice.

1. Demonstrates familiarity with a range of training opportunities that meet the minimum standards for a variety of peer certifications.
2. Demonstrates awareness of the peer role competencies and promotes the core skills needed to fulfill the role such as active listening, motivational interviewing and self-management.
3. Assists in developing a plan to support the professional growth and continuing education of peers.
4. Evaluates the knowledge/skill development of peers based on identified peer competencies.
5. Assists peers, through regular coaching and feedback, to identify best practices and opportunities to improve their role knowledge and skills, and best work performance.
6. Provides appropriate recognition to peers for delivering effective and ethical service.

Competence 2: Identifies and supports opportunities for peers to obtain ongoing training to advance personal efficacy and competency in delivering peer recovery services.

1. Demonstrates awareness of the wide range of recovery-specific training and professional development opportunities and conveys those opportunities to peers.
2. Advocates for peers to regularly participate in professional conferences, agency in-service and external trainings, webinars and other professional opportunities to stay current with new developments in the field.
3. Demonstrates the capacity to provide job-related education and ongoing coaching through group and individual supervision, team meetings, and in-service trainings.

Competence 3: Assists peers in understanding professional etiquette, employer procedures, and working relationships.

1. Advocates for peer inclusion and integration into all relevant organizational teams and meetings, policy discussions, and in-service and other trainings.

2. Informs peers of employer policies relative to cooperative working relationships both internally and externally.
3. Articulates, models and educates on the importance of working cooperatively as a team and offers guidance as to how teams function within the organization and in external relationships.
4. Effectively frames workplace misunderstandings, disagreements or policy, legal and ethical breaches as teaching opportunities.

Competence 4: Facilitates finding and sharing community resources and assists in developing referral and community relationships.

1. Provides opportunities for peers to attend community awareness events, access resource guides and build relationships with community providers.
2. Models good community relationship-building by participating in recovery community organization activities, regular site visits and appropriate communication.
3. Articulates helpful strategies for making referrals and seeking/accessing community resources.

Competence 5: Recognizes that personal self-care is vital to providing effective peer services.

1. Encourages and models personal self-care and wellness, and offers referrals to Employment Assistance Programs and other resources, as appropriate.
2. Promotes best practices in organizational wellness and recognizes the importance of providing opportunities for team members to practice self-care.

Domain 3: Assuring Quality Supervision (30%)

Competence 1: Provides role clarity for peers and helps resolve situations where there is role ambiguity.

1. Communicates the job tasks, duties and responsibilities of the peer role as delineated in the job/position description and reviews them together with peers under their supervision.
2. Addresses any ambiguity between the current job/position description and the organization's expectations of peers.
3. Maintains an "open door" policy to address issues of role clarity and manage challenging situations as they arise.

Competence 2: Exercises strength-based, person-centered approach to supervision.

1. Supports strength-based, person-centered supervision, allowing for open dialogue and growth of the peer.
2. Shares reflections on peer performance for mutual review, identifying strengths and opportunities for improvement while providing guidance and feedback.
3. Engages in regular ongoing supervision meetings to review workload, successes and challenges.
4. Encourages peers to regularly self-assess professional goals and skills.
5. Models effective communication through open-ended questions and reflections.

Competence 3: Promotes an environment of mutuality and trust among peers and other team members.

1. Supports opportunities for expressing concerns about personal wellness as it relates to the ability to provide services.
2. Communicates in an open and respectful manner, allowing for honest dialog without concern for repercussions.

3. Implements appropriate measures to address any non-desirable behaviors and actions by peers.
4. Meets regularly with peers, asking for suggestions on how to better support them and help them reach their self-identified goals.
5. Promotes an inclusive and non-hierarchical work environment.
6. Supports team building and co-worker support activities to promote trust and mutuality.

Competence 4: Demonstrates commitment to ethical standards and addressing boundary challenges with peers.

1. Models ethical behavior and practice and supports the integrity of the supervisory relationship by maintaining appropriate role boundaries.
2. Differentiates between clinical and non-clinical boundaries and models this understanding in supervisory practice.
3. Assists peers and other team members in distinguishing between clinical and non-clinical standards and boundaries.
4. Assists peers in identifying and processing ethical and boundary challenges by discussing alternative approaches.
5. Communicates organizational guidelines for ethical conduct, where available.
6. Advocates for employment policies to effectively address ethical dilemmas and boundary concerns.

Competence 5: Understands emotional and physical safety issues that may arise in peer recovery work.

1. Works with peers to understand possible emotional and physical dangers present in peer work.
2. Creates an atmosphere where peers can openly discuss their feelings regarding safety and trauma encountered while working in the community.
3. Seeks out and informs peers of safety training opportunities.
4. Advocates for comprehensive policies and, where possible, helps develop procedures regarding peer work to specifically address physical safety concerns.
5. Works with peers on completing incident reports and processing these experiences.

Domain 4: Managing Administrative Duties (18%)

Competence 1: Advocates for and encourages the implementation of peer support services within the organization and the healthcare system.

1. Fosters and maintains an inclusive atmosphere within the organization and the healthcare system where peers are supported, respected and valued.
2. Educates team members and colleagues in the healthcare system about peer support roles, responsibilities, ethical guidelines and practices.
3. Advocates for equitable compensation and the peer professional's ability to earn a livable wage.
4. Encourages an equal partnership with all team members and colleagues both internal and external.
5. Maintains a consistent and equal balance between fulfilling administrative and supervisory responsibilities.
6. Champions the full range of recovery services available within the organization and the healthcare system.

7. Promotes the concept of a recovery-friendly workplace that challenges stigma and encourages a sense of support for employees in recovery and those impacted by substance use and substance use disorders.

Competence 2: Facilitates the hiring and onboarding process.

1. Adheres to employer's policies and procedures for hiring and onboarding.
2. Consults with peers, where permissible, in the formulation of job descriptions and development of role-appropriate interview questions for prospective peer hires.
3. Makes informed recommendations on new hires based on the candidate's resume, characteristics, and traits with input from current employees, where possible.
4. Encourages existing peers to share their professional experience, when appropriate and permissible, with new hires.
5. Communicates employer policies and regulations regarding standards in the workplace.

Competence 3: Develops a basic understanding of labor and employment law and its protections.

1. Advises where to find information on the labor practices of the agency and refers employees there.
2. Recognizes the purpose of the Equal Employment Opportunity Commission (EEOC) and the types of discrimination it is intended to counteract.
3. Adheres to provisions of the Americans with Disabilities Act (ADA) that relate to employer obligations to treat individuals with disabilities in a non-discriminatory and legally-permitted manner.
4. Supports the creation and implementation of policies regarding accommodations for those with special needs.
5. Encourages development of, and adherence to, policies regarding individuals who enroll in, and benefit from, Medication Supported Recovery, including legal safeguards for confidentiality.

Competence 4: Informs peers of their employee and administrative responsibilities, and orients them to organizational policies and procedures.

1. Orients peers under their supervision to their employee responsibilities consistent with agency policies and procedures in managing their day-to-day work.
2. Verifies that peers adhere to agency policies regarding time, attendance, and other necessary documentation/record-keeping responsibilities.
3. Verifies that peers are trained and adhere to organizational policies and regulatory requirements relative to their practice (e.g., policies regarding confidentiality, mandatory reporting, accommodations for persons with special needs).

Appendix C. PSP Competency Worksheet

Peer Supervision Professional (PSP) Certification
Domain Workgroup Worksheet

Instructions to Subject Matter Experts

Please independently complete the worksheet, one Competency Statement at a time. Each Competency Statement provides a one-sentence description of some aspect of a SUD Peer Supervisor's responsibility. You are encouraged to:

Review the Competency Statement to see if you agree that it should be included
Recommend edits or rewording of the Competency Statement if you think it's needed
List one or more tasks/activities (i.e., knowledge, skill & abilities) in the bulleted spaces below that directly relate to the Competency Statement and could be considered indicators of acceptable performance in that Competency area

Please enter at least one KSA for each Competency Statement. Make additional copies of the worksheet as needed. Please note: the last Competency Statement space on the page is blank. You may enter and submit a new Competency Statement (or more than one) that you think may be important or missing from the Domain breakdown. If you submit a new Competency Statement, be sure to provide supporting KSAs in the bulleted spaces below.

You may use your own experience and familiarity with the role of SUD Peer Supervisors as a basis for your recommendations. You are also encouraged to reference other recognized quality sources or training materials to assist you in identifying and submitting KSA/task listings.

Examples of good source materials would include:

Substance Use Disorder Peer Supervision Competencies (the Regional Facilitation Center)
DACUM Facilitators/Authors: Eric Martin, Anthony Jordan
A Guide to Role Competencies for Peer Supervisors & Program Managers
ASAP-NYCB Trainer Registry (July 2022)
Supervision Competencies for Effective and Ethical Peer Recovery Coach Supervision
Indiana Addictions Issues Coalition
Supervision of Peer Practice (Peer Supervision Tip Sheet #1)
Council on Accreditation of Peer Recovery Support Services
Supervision of Peer Workers (BRSS-TACS) PowerPoint Presentation
SAMHSA

Peer Supervision Professional (PSP) Domain Workgroups
Assuring Quality Supervision Worksheet
Identification of Knowledge, Skills and Abilities (KSAs)

For each Competency Statement listed and/or identified by the PSP Subject Matter Expert Panel, write down one or more KSAs that you believe are essential for a Peer Supervision Professional to be minimally competent in working with SUD recovery peers. The KSA should begin with a verb (e.g., demonstrates, employs, analyzes, adheres, etc.) that describes a particular skill or expertise. When completed, email your completed worksheet to Doug Rosenberry at: drosenberry@asapnys.org.

Please type (preferred) or print clearly. Please feel free to add additional pages.

Example: Provides role clarity for peers using supervising time to identify, discuss and process situations where there is role ambiguity or confusion
Supporting KSAs: • Clearly describes the job tasks & duties of the peer role & reviews them together with peers under their supervision • Ensures that the job description reflects the expected outputs & outcomes of peer staff • Meets regularly with peer staff to provide helpful feedback on uncertanties about peer role
Competency: Exercises strength-based person-centered approach to supervision, consistently giving recognition & praise for competency development and successful outcomes wih clients
Supporting KSAs: • • •
Competency: Creates safe atmosphere for all staff, giving & receiving feedback, engendering mututality & trust
Supporting KSAs: • • •
Competency: Demonstrates awareness of ethical stndards for peers & boundary issues; understands the difference between clinical and nonclinical boundaries
Supporting KSAs: • • •
Competency (use this space to add a new/additional competency statement under this Domain)**:**
Supporting KSAs: • • •

Appendix D. Respondent Demographics

Do you practice in New York state?

Response	N	%
Yes	298	94.6%
No	17	5.4%
Total	**315**	**100%**

In which region of New York state do you primarily practice?

Region	N	%
Capital District	16	5.6%
Central New York	22	7.7%
Finger Lakes	15	5.3%
Hudson Valley	22	7.7%
Long Island	28	9.8%
Mohawk Valley	10	3.5%
New York City	102	35.8%
North Country	17	6%
Southern Tier	13	4.6%
Western New York	40	14%
Subtotal	**285**	**100%**
I am not currently practicing.	23	
Total	**298**	

Which of the following best describes your primary work setting?

Work Setting	N	%
Community mental health program	56	17.8%
Criminal justice	7	2.2%
Harm reduction	3	1%
Housing	7	2.2%
Inpatient/outpatient hospital	29	9.2%
Private coaching practice	6	1.9%
Recovery community organization	84	26.7%
Rehab (nonprofit/private)	27	8.6%
Training organization or school	19	6%
Treatment agency (public health)	70	22.2%
Other	7	2.2%
Total	**315**	**100%**

Which of the following locations best describes your primary work setting?

Location	N	%
Rural (less than 10,000 people), sparsely populated areas further outside the city	46	15%
Suburban, less densely populated areas, typically bordering the city	69	22.5%
Urban (greater than 100,000 people), highly dense population within city limits	192	62.5%
Total	**307**	**100%**

*How many years of experience do you have **supervising peers**?*

*How many years of experience do you have **providing peer recovery services**?*

	Supervising Peers		Providing Peer Recovery Services	
Range of Years	**N**	**%**	**N**	**%**
Less than 1 year	29	13.8%	39	12.4%
1-5 years	133	63.3%	174	55.2%
6-10 years	32	15.2%	63	20%
11-15 years	4	1.9%	19	6%
16-20 years	3	1.4%	4	1.3%
Greater than 20 years	9	4.3%	16	5.1%
Total	**210***	**100%**	**315**	**100%**

* 105 respondents indicated they have never supervised peers.

*Do you have any supervision experience in the workplace?***

Response	N	%
No	34	32.4%
No. I am not a supervisor, but I have experience training peers/supervisors.	29	27.6%
Yes. I have supervision experience, but not with peers.	42	40.0%
Total	**105**	**100.0%**

**Only asked of respondents who indicated they had never supervised peers.

Which of the following best describes your current or most recent job role?

Job Role	N	%
Provider of peer-recovery services	113	35.9%
Supervisor of one or more people who provide peer-recovery services	70	22.2%
Supervisor and provider of peer recovery services	59	18.7%
Trainer/education in peer recovery practice	27	8.6%
Other	46	14.6%
Total	**315**	**100%**

What is your highest level of education?

Education	N	%
High school diploma or GED	40	12.7%
Some college	119	37.8%
Bachelor's	84	26.7%
Master's	66	21.0%
PhD	6	1.9%
Total	**315**	**100.0%**

Which of the following certifications and licenses do you hold? Select all that apply.

License or Certification	N	%***
I hold no licenses or certifications.	11	3.5%
CRPA (ASAP-NYCB Certified Recovery Peer Advocate)	204	64.8%
Peer Professional (SUD system)	13	4.1%
CARC (ASAP-NYCB Certified Addiction Recovery Coach)	84	26.7%
RCP-Recovery Coach Professional	25	7.9%
Peer Specialist (Mental Health system)	66	21%
CASAC-Credentialed Alcoholism & Substance Abuse Counselor	77	24.4%
LCSW-Licensed Clinical Social Worker	15	4.8%
LMSW-Licensed Master Social Worker	16	5.1%
Other	75	23.8%

***Percentages based on 315 respondents, and do not sum to 100%.

Appendix E. Tasks in Survey Order

Code*	Task	Never Performed %	Performed %	Average Importance Rating 1-5	Criticality Rating 0-5	Top Box %
D1C1_1	Demonstrates an understanding of, and differentiates between, the peer recovery and clinical roles.	0.3%	99.7%	4.52	4.50	94.9%
D1C1_2	Advocates on behalf of peers and the peer role among policymakers, team members and other stakeholders.	1.3%	98.7%	4.28	4.22	85.1%
D1C1_3	Integrates peers and the peer recovery role into all aspects of service provision.	0.3%	99.7%	4.19	4.18	81.5%
D1C1_4	Stays updated about emerging peer roles, recovery initiatives, peer certifications including standards and trainings, continuing education and professional development.	0.3%	99.7%	4.42	4.41	90.0%
D1C1_5	Oversees and supports peers in implementing their non-clinical, person-centered, individualized, strengths-based practice.	3.8%	96.2%	4.43	4.26	90.7%
D1C1_6	Exhibits a working knowledge of the Code of Ethical Conduct governing peer recovery professionals and supports peers in adhering to it.	0.3%	99.7%	4.59	4.57	92.7%
D1C1_7	Recognizes that peers provide many different types of support – emotional, informational, instrumental and affiliational.	0.0%	100.0%	4.45	4.45	91.7%
D1C2_1	Supports the distinctive relationship between the peer recovery professional and the individual.	0.6%	99.4%	4.34	4.31	87.8%
D1C2_2	Provides strengths-based feedback and opportunity for skills-building through consistent and regularly provided supervision.	1.0%	99.0%	4.45	4.41	92.3%
D1C2_3	Provides workplace support for peers' own recovery, as relevant.	1.0%	99.0%	4.21	4.17	82.3%

Code*	Task	Never Performed %	Performed %	Average Importance Rating 1-5	Criticality Rating 0-5	Top Box %
D1C2_4	Identifies and encourages the peer's professional strengths.	0.3%	99.7%	4.30	4.28	89.8%
D1C2_5	Establishes bi-lateral relationships with peers.	3.2%	96.8%	3.90	3.77	72.9%
D1C3_1	Facilitates the development of skills to help peers better assist the individuals for whom they provide recovery services.	1.6%	98.4%	4.33	4.27	89.0%
D1C3_2	Supports and promotes self-care and wellness among all colleagues.	0.3%	99.7%	4.48	4.46	90.0%
D1C3_3	Models and implements appropriate boundaries and boundary-setting.	0.0%	100.0%	4.61	4.61	94.3%
D1C3_4	Supports multiple pathways of recovery.	0.0%	100.0%	4.50	4.50	91.7%
D1C3_5	Models peer communications skills such as leading purposeful conversations, practicing reflective listening, asking good questions, and skillfully managing personal triggers.	0.6%	99.4%	4.46	4.43	91.3%
D1C3_6	Stays updated on research showing the effectiveness of peer support services to an individual's recovery process.	0.6%	99.4%	4.16	4.13	79.2%
D1C4_1	Demonstrates and applies knowledge of both the stages of change and the stages of recovery models.	0.3%	99.7%	4.15	4.13	81.7%
D1C4_2	Acknowledges that supervisors, as well as peers, serve as role models, mentors, coaches, and advocates.	0.3%	99.7%	4.32	4.30	87.5%
D1C4_3	Recognizes that peers may support individuals reentering the community from a variety of settings (e.g., hospitals, residential care, criminal justice-involvement).	0.0%	100.0%	4.37	4.37	88.1%

Code*	Task	Never Performed %	Performed %	Average Importance Rating 1-5	Criticality Rating 0-5	Top Box %
D1C5_1	Works with peers to identify and promote engagement of the individual's recovery support system.	1.0%	99.0%	4.18	4.14	81.9%
D1C5_2	Advises peers of the broad range of resources available to families, family members and concerned others, and the need to expand community resource mapping.	2.3%	97.7%	4.18	4.08	81.2%
D1C5_3	Collaborates with the peer to identify additional services and providers.	0.6%	99.4%	4.15	4.13	78.8%
D1C5_4	Helps peers recognize when an individual may need additional support.	1.0%	99.0%	4.35	4.31	87.4%
D1C5_5	Responds, as needed, to peer reporting of individuals who are facing extra challenges.	1.6%	98.4%	4.34	4.27	88.0%
D1C6_1	Promotes trauma awareness among peers and peer-delivered services and programming.	2.2%	97.8%	4.40	4.31	88.3%
D1C6_2	Identifies models of trauma-informed support practices for multiple/varied populations.	2.2%	97.8%	4.28	4.19	83.3%
D1C6_3	Assists peers in developing skills to express empathic understanding.	1.9%	98.1%	4.29	4.21	86.0%
D1C6_4	Helps peers to respond appropriately to past trauma when it arises and refocus on the individual's present situation.	2.2%	97.8%	4.38	4.29	87.3%
D1C6_5	Supports peers in developing situational awareness and de-escalation skills.	1.3%	98.7%	4.43	4.38	88.3%
D2C1_1	Demonstrates familiarity with a range of training opportunities that meet the minimum standards for a variety of peer certifications.	1.4%	98.6%	4.12	4.06	78.7%

Code*	Task	Never Performed %	Performed %	Average Importance Rating 1-5	Criticality Rating 0-5	Top Box %
D2C1_2	Demonstrates awareness of the peer role competencies and promotes the core skills needed to fulfill the role such as active listening, motivational interviewing and self-management.	1.1%	98.9%	4.38	4.34	89.7%
D2C1_3	Assists in developing a plan to support the professional growth and continuing education of peers.	1.4%	98.6%	4.21	4.15	81.5%
D2C1_4	Evaluates the knowledge/skill development of peers based on identified peer competencies.	1.4%	98.6%	4.14	4.08	80.1%
D2C1_5	Assists peers, through regular coaching and feedback, to identify best practices and opportunities to improve their role knowledge and skills, and best work performance.	1.8%	98.2%	4.33	4.25	88.9%
D2C1_6	Provides appropriate recognition to peers for delivering effective and ethical service.	1.4%	98.6%	4.28	4.22	86.5%
D2C2_1	Demonstrates awareness of the wide range of recovery-specific training and professional development opportunities and conveys those opportunities to peers.	1.1%	98.9%	4.09	4.04	80.5%
D2C2_2	Advocates for peers to regularly participate in professional conferences, agency in-service and external trainings, webinars and other professional opportunities to stay current with new developments in the field.	1.7%	98.3%	4.10	4.03	78.3%
D2C2_3	Demonstrates the capacity to provide job-related education and ongoing coaching through group and individual supervision, team meetings, and in-service trainings.	1.4%	98.6%	4.17	4.11	81.8%

Code*	Task	Never Performed %	Performed %	Average Importance Rating 1-5	Criticality Rating 0-5	Top Box %
D2C3_1	Advocates for peer inclusion and integration into all relevant organizational teams and meetings, policy discussions, and in-service and other trainings.	1.8%	98.2%	4.18	4.10	78.9%
D2C3_2	Informs peers of employer policies relative to cooperative working relationships both internally and externally.	1.7%	98.3%	4.14	4.06	79.0%
D2C3_3	Articulates, models and educates on the importance of working cooperatively as a team and offers guidance as to how teams function within the organization and in external relationships.	1.1%	98.9%	4.19	4.14	81.9%
D2C3_4	Effectively frames workplace misunderstandings, disagreements or policy, legal and ethical breaches as teaching opportunities.	1.8%	98.2%	4.18	4.11	79.5%
D2C4_1	Provides opportunities for peers to attend community awareness events, access resource guides and build relationships with community providers.	1.0%	99.0%	4.09	4.05	78.6%
D2C4_2	Models good community relationship-building by participating in recovery community organization activities, regular site visits and appropriate communication.	0.7%	99.3%	4.07	4.04	78.5%
D2C4_3	Articulates helpful strategies for making referrals and seeking/accessing community resources.	0.0%	100.0%	4.12	4.12	81.2%
D2C5_1	Encourages and models personal self-care and wellness, and offers referrals to Employment Assistance Programs and other resources, as appropriate.	1.0%	99.0%	4.41	4.37	90.5%
D2C5_2	Promotes best practices in organizational wellness and recognizes the importance of providing opportunities for team members to practice self-care.	0.7%	99.3%	4.32	4.29	86.3%

Code*	Task	Never Performed %	Performed %	Average Importance Rating 1-5	Criticality Rating 0-5	Top Box %
D3C1_1	Communicates the job tasks, duties and responsibilities of the peer role as delineated in the job/position description and reviews them together with peers under their supervision.	0.7%	99.3%	4.36	4.33	88.0%
D3C1_2	Addresses any ambiguity between the current job/position description and the organization's expectations of peers.	0.7%	99.3%	4.30	4.27	84.1%
D3C1_3	Maintains an "open door" policy to address issues of role clarity and manage challenging situations as they arise.	0.7%	99.3%	4.36	4.33	87.4%
D3C2_1	Supports strength-based, person-centered supervision, allowing for open dialogue and growth of the peer.	1.1%	98.9%	4.42	4.38	90.9%
D3C2_2	Shares reflections on peer performance for mutual review, identifying strengths and opportunities for improvement while providing guidance and feedback.	1.4%	98.6%	4.25	4.19	86.5%
D3C2_3	Engages in regular ongoing supervision meetings to review workload, successes and challenges.	0.4%	99.6%	4.36	4.35	87.6%
D3C2_4	Encourages peers to regularly self-assess professional goals and skills.	0.7%	99.3%	4.18	4.14	80.3%
D3C2_5	Models effective communication through open-ended questions and reflections.	0.0%	100.0%	4.18	4.18	78.7%
D3C3_1	Supports opportunities for expressing concerns about personal wellness as it relates to the ability to provide services.	0.7%	99.3%	4.23	4.20	84.1%
D3C3_2	Communicates in an open and respectful manner, allowing for honest dialog without concern for repercussions.	0.7%	99.3%	4.36	4.33	89.1%
D3C3_3	Implements appropriate measures to address any non-desirable behaviors and actions by peers.	1.4%	98.6%	4.28	4.22	82.6%

Code*	Task	Never Performed %	Performed %	Average Importance Rating 1-5	Criticality Rating 0-5	Top Box %
D3C3_4	Meets regularly with peers, asking for suggestions on how to better support them and help them reach their self-identified goals.	1.8%	98.2%	4.25	4.17	82.8%
D3C3_5	Promotes an inclusive and non-hierarchical work environment.	2.5%	97.5%	4.17	4.06	78.6%
D3C3_6	Supports team building and co-worker support activities to promote trust and mutuality.	1.5%	98.5%	4.21	4.15	79.0%
D3C4_1	Models ethical behavior and practice and supports the integrity of the supervisory relationship by maintaining appropriate role boundaries.	1.1%	98.9%	4.49	4.44	91.2%
D3C4_2	Differentiates between clinical and non-clinical boundaries and models this understanding in supervisory practice.	1.8%	98.2%	4.40	4.32	87.6%
D3C4_3	Assists peers and other team members in distinguishing between clinical and non-clinical standards and boundaries.	1.1%	98.9%	4.33	4.29	85.4%
D3C4_4	Assists peers in identifying and processing ethical and boundary challenges by discussing alternative approaches.	1.4%	98.6%	4.35	4.29	87.9%
D3C4_5	Communicates organizational guidelines for ethical conduct, where available.	0.4%	99.6%	4.23	4.21	81.5%
D3C4_6	Advocates for employment policies to effectively address ethical dilemmas and boundary concerns.	2.2%	97.8%	4.17	4.08	80.1%
D3C5_1	Works with peers to understand possible emotional and physical dangers present in peer work.	1.4%	98.6%	4.34	4.28	86.4%
D3C5_2	Creates an atmosphere where peers can openly discuss their feelings regarding safety and trauma encountered while working in the community.	1.1%	98.9%	4.41	4.36	89.4%

Code*	Task	Never Performed %	Performed %	Average Importance Rating 1-5	Criticality Rating 0-5	Top Box %
D3C5_3	Seeks out and informs peers of safety training opportunities.	1.8%	98.2%	4.14	4.06	80.5%
D3C5_4	Advocates for comprehensive policies and, where possible, helps develop procedures regarding peer work to specifically address physical safety concerns.	3.2%	96.8%	4.23	4.09	81.3%
D3C5_5	Works with peers on completing incident reports and processing these experiences.	3.6%	96.4%	4.17	4.02	79.1%
D4C1_1	Fosters and maintains an inclusive atmosphere within the organization and the healthcare system where peers are supported, respected and valued.	1.9%	98.1%	4.34	4.26	85.2%
D4C1_2	Educates team members and colleagues in the healthcare system about peer support roles, responsibilities, ethical guidelines and practices.	1.9%	98.1%	4.26	4.19	83.0%
D4C1_3	Encourages an equal partnership with all team members and colleagues both internal and external.	1.5%	98.5%	4.20	4.13	80.7%
D4C1_4	Maintains a consistent and equal balance between fulfilling administrative and supervisory responsibilities.	3.0%	97.0%	4.14	4.02	81.5%
D4C1_5	Champions the full range of recovery services available within the organization and the healthcare system.	1.5%	98.5%	4.08	4.01	73.5%
D4C1_6	Promotes the concept of a recovery-friendly workplace that challenges stigma and encourages a sense of support for employees in recovery and those impacted by substance use and substance use disorders.	1.1%	98.9%	4.33	4.29	85.8%
D4C2_1	Adheres to employer’s policies and procedures for hiring and onboarding.	3.0%	97.0%	4.20	4.07	79.3%

Code*	Task	Never Performed %	Performed %	Average Importance Rating 1-5	Criticality Rating 0-5	Top Box %
D4C2_2	Recommends consulting with existing peers in the formulation of job descriptions for potential new peer hires.	5.6%	94.4%	3.96	3.74	71.8%
D4C2_3	Consults with peers, where permissible, in the development of role-appropriate interview questions for prospective peer hires.	6.7%	93.3%	3.90	3.64	66.8%
D4C2_4	Makes informed recommendations on new hires based on the candidate's resume, characteristics, and traits with input from current employees, where possible.	4.9%	95.1%	3.86	3.67	67.7%
D4C2_5	Encourages existing peers to share their professional experience, when appropriate and permissible, with new hires.	3.8%	96.2%	3.88	3.74	67.6%
D4C3_1	Communicates employer policies and regulations regarding standards in the workplace.	3.4%	96.6%	4.10	3.96	73.4%
D4C3_2	Advises where to find information on the labor practices of the agency and refers employees there.	3.4%	96.6%	3.91	3.77	67.7%
D4C3_3	Recognizes the purpose of the Equal Employment Opportunity Commission (EEOC) and the types of discrimination it is intended to counteract.	3.4%	96.6%	4.04	3.91	72.9%
D4C3_4	Adheres to provisions of the Americans with Disabilities Act (ADA) that relate to employer obligations to treat individuals with disabilities in a non-discriminatory and legally-permitted manner.	3.7%	96.3%	4.26	4.10	81.5%
D4C3_5	Supports the creation and implementation of policies regarding accommodations for those with special needs.	5.6%	94.4%	4.13	3.89	77.3%

Code*	Task	Never Performed %	Performed %	Average Importance Rating 1-5	Criticality Rating 0-5	Top Box %
D4C3_6	Encourages development of, and adherence to, policies regarding individuals who enroll in, and benefit from, Medication Supported Recovery, including legal safeguards for confidentiality.	5.9%	94.1%	4.24	3.99	81.0%
D4C4_1	Orients peers under their supervision to their employee responsibilities consistent with agency policies and procedures in managing their day-to-day work.	2.2%	97.8%	4.17	4.07	78.2%
D4C4_2	Verifies that peers adhere to agency policies regarding time, attendance, and other necessary documentation/record-keeping responsibilities.	2.3%	97.7%	4.20	4.11	80.8%
D4C4_3	Verifies that peers are trained and adhere to organizational policies and regulatory requirements relative to their practice (e.g., policies regarding confidentiality, mandatory reporting, accommodations for persons with special needs).	2.6%	97.4%	4.30	4.19	83.1%

*The alphanumeric codes were created by combining the Domain and Competency as shown below. For example, D1C1_1 refers to Domain 1: Recovery Orientation, Competency 1: Understands peer recovery and ethical practice in that professional role, and Task 1: Demonstrates an understanding of, and differentiates between, the peer recovery and clinical roles. The Tasks appear in the table.

Domain 1: Recovery Orientation

1.1: Understands peer recovery and ethical practice in that professional role.
1.2: Supports concepts of self-efficacy, self-determination and empowerment.
1.3: Models Principles of Recovery within supervision and the wider workplace community.
1.4: Understands that recovery support services are non-linear and offered as appropriate at any time throughout the stages of recovery.
1.5: Supports peers as resource brokers.
1.6: Provides trauma informed supervision and promotes trauma-informed practice.

Domain 2: Supporting Professional Development

2.1: Provides role-specific education and training opportunities, including coaching/mentoring peers regarding competencies, skills development, and ethical practice.

2.2: Identifies and supports opportunities for peers to obtain ongoing training to advance personal efficacy and competency in delivering peer recovery services
2.3: Assists peers in understanding professional etiquette, employer procedures, and working relationships.
2.4: Facilitates finding and sharing community resources and assists in developing referral and community relationships.
2.5: Recognizes that personal self-care is vital to providing effective peer services.

Domain 3: Assuring Quality Supervision
3.1: Provides role clarity for peers and helps resolve situations where there is role ambiguity.
3.2: Exercises strength-based, person-centered approach to supervision.
3.3: Promotes an environment of mutuality and trust among peers and other team members.
3.4: Demonstrates commitment to ethical standards and addressing boundary challenges with peers.
3.5: Understands emotional and physical safety issues that may arise in peer recovery work.

Domain 4: Managing Administrative Duties
4.1: Advocates for and encourages the implementation of peer support services within the organization and the healthcare system.
4.2: Facilitates the hiring and onboarding process.
4.3: Develops a basic understanding of labor and employment law and its protections.
4.4: Informs peers of their employee and administrative responsibilities, and orients them to organizational policies and procedures.